toxicities of immunosuppressive therapies. Factors of the above model are easily available and being dynamic can be reapplied over the course of the disease.

AIM OF THE STUDY: Usefulness of prediction model for risk of progression as an aid in treatment and prognostication of the disease.

METHODS: This is a descriptive study. We recorded demographic data; clinical outcome of all the follow up patients in OPD with membranous nephropathy. Serial monitoring of laboratory values were done. We included only those patients regular on treatment and follow up. The risk of progression was calculated using the logistic regression model –X= 1.26 + (0.3x lowest proteinuria in 6 months) -(0.3xslope of creatinine clearance)-(0.05x intial creatinine clearance) and risk (R) being R=ex /(1+ ex). Categorical data was represented in the form of Frequencies and proportions. Chi-square was used as test of significance. Continuous data was represented as mean and standard deviation. P value <0.05 was considered as statistically significant.

RESULTS: Mean age group in our study was 42.30 ± 13.2 yrs; with 73.9% being males. Mean risk of progression was 2.6 ± 1.8 % among subjects who had remission and 35.7 ± 24 % among subjects who had partial/no remission during the follow up. With <20% progression cut off the risk of progression was 25%; was 33.3% at 20-30% cut-off and almost 100% at cut off of >30%. This observation was statistically significant

CONCLUSIONS: The prediction model for risk of progression forms a valuable tool for assessing progression of IMN and aid in treatment and prognostication of the disease. This correlation between various cut off percentages and progression could prove useful in clinical assessment and management.

4. RANDOMIZED CONTROLLED TRIAL OF CONVENTIONAL VERSUS SUPRAMAXIMAL DOSAGE OF TELMISARTAN FOR ANTIPROTEINURIC EFFECT IN NON DIABETIC AND DIABETIC RENAL DISEASE

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BACKGROUND: Proteinuria has been a marker of kidney disease and renal and cardiovascular outcomes seem to correlate with the reduction of proteinuria with treatment. On Target study has led to withdrawal of concept of combining ACEI and ARB as better antiproteinuric measure.This study was designed for better understanding of the potential benefits and risks of using dosages of telmisartan greater than those recommended for hypertension or heart failure treatment.

AIM OF THE STUDY: To evaluate Percentage change in proteinuria in response to conventional vs supramaximal dose of telmisartan and effect of two drug dosage on serum creatinine and MDRD eGFR.

METHODS: Hospital based prospective interventional study done under Department of Nephrology. Patients were recruited from February 2015 to August 2016. Eligible patients had diabetic and non diabetic renal disease with 24 hour urine protein of ≥1 gram/day. Patients with eGFR <30 ml/min per 1.73 m2 [MDRD] and serum potassium level ≥5.5 mmol/L were excluded. All patients who met inclusion criteria received open-label telmisartan 40 mg/day with furosemide 10 mg/day for two weeks. Patients were allocated in two groups and were randomly assigned; to receive either telmisartan 80mg/day or 160 mg/day plus furosemide 10mg/day for 4 months. Primary end point was the percentage change in 24-h urine protein excretion from randomization to the 4th month. Secondary outcomes included effects on renal function as measured by serum creatinine levels and eGFR [MDRD]; BP; and the safety of supramaximal dosage of telmisartan.

RESULTS: Total 100 patients were included in the study who had persistent proteinuria (≥1 gm/day) despite treatment with telmisartan 40 mg/day. Out of 100 patients most (63%) had diabetic nephropathy. After 4 months 79 patients completed the study. The mean difference of the percentage change in proteinuria for patients receiving 80 mg/day of telmisartan was -48.47% (P < 0.005) and those receiving 160 mg/day of telmisartan was -43.34% (P < 0.005). Dosage-related increase in adverse events like; hyperkalemia (K+ > 5.5 mEq/L) were comparable in both groups but decline in eGFR <30 ml/min per 1.73 m2 was more in patients (7 in 160mg dose group) compared to (1 in 80mg group) leading to exclusion of more patients from study in higher dose group.

CONCLUSIONS: Supramaximal dose had similar proteinuria reduction compared to conventional dose of Telmisartan ; and incidence of hyperkalemia is similar in both groups. However; creatinine rise and fall in eGFR leading to patient withdrawal from study was more in higher dose group.

5. A STUDY OF ACUTE KIDNEY INJURY IN PATIENTS ADMITTED TO THE INTENSIVE CARE UNIT IN TERTIARY CARE HOSPITAL

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BACKGROUND: Acute kidney injury (AKI) is a common complication in intensive care unit (ICU); with increasing incidence & carries a high mortality. Reliable data of AKI is necessary for optimizing management. However there is dearth of controlled studies regarding the epidemiology & prognostic scores to be used in AKI in ICU. This study aims at evaluating the incidence of AKI in ICU using RIFLE & AKIN criteria; assessing the utility of APACHE & Liano scoring in estimating patient mortality & renal recovery.

AIM OF THE STUDY: 1. To evaluate incidence of AKI in ICU and to compare RIFLE versus AKIN criteria in early diagnosis of AKI2.To evaluate the performance of APACHE II and Liano scores in predicting hospital mortality.

METHODS: A prospective observational cohort study; included 109 patients admitted in ICU from June-August 2015. Patient <18yrs; underlying CKD & ICU stay < 48hr were excluded. Data was collected as per protocol and patients were followed up till